

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90405 031 \*\*\*\*61.25

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**DOCUMENT # 712139**  
1. Entity Name  
**FIRST CHURCH OF GOD OF HOLLYWOOD, INCORPORATED**



Principal Place of Business  
**201 NORTH 57TH AVE.  
HOLLYWOOD FLA 33021**

Mailing Address  
**POST OFFICE BOX 6418  
HOLLYWOOD FL 33081  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1172676**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**NEAL, TERRY L REV  
1005 10TH LANE  
WEST PALM BEACH FL 33418-3555**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TRP</b>	<input type="checkbox"/> Delete
NAME	<b>GREENE DANA</b>	
STREET ADDRESS	<b>1145 NW 40TH TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>TRV</b>	<input type="checkbox"/> Delete
NAME	<b>NEAL, NORMA</b>	
STREET ADDRESS	<b>1114 E HAWTHORNE CIRCLE</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>TRS</b>	<input type="checkbox"/> Delete
NAME	<b>DAMSM, HAROLD</b>	
STREET ADDRESS	<b>5515 HARRISON STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>TTR</b>	<input type="checkbox"/> Delete
NAME	<b>DAMSM, PEGGY</b>	
STREET ADDRESS	<b>5515 HARRISON STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, ALLEN</b>	
STREET ADDRESS	<b>3300 N STATE RD 7 BOX C259</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEAL, TERRY L REV</b>	
STREET ADDRESS	<b>1005 10TH LANE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33418-3555</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PEGGY DAMSMA* PEGGY DAMSMA 4-25-03 954-962-1640

CR2E037 (10/02)